

# **ERIE COUNTY**

# REQUEST FOR PROPOSAL (RFP) TO PROVIDE

Educational Services to Youth, approximate ages 11-17, at the Erie County Secure Youth Detention Center

**RFP # 1702VF** 

**January 31, 2017** 

Al Dirschberger, Ph. D - Commissioner of Social Services
Erie County Department of Social Services
EDWARD A. RATH COUNTY OFFICE BUILDING
95 FRANKLIN STREET
BUFFALO, NEW YORK 14202

#### **COUNTY OF ERIE, NEW YORK**

# REQUEST FOR PROPOSALS ("RFP") # 1702VF

# TO PROVIDE EDUCATIONAL SERVICES TO YOUTH, APPROXIMATE AGES 11-17, AT THE ERIE COUNTY SECURE YOUTH DETENTION CENTER

#### I. INTRODUCTION

The County of Erie, New York (the "County") is currently seeking proposals from qualified agencies ("Proposer") interested in providing educational services to youth, approximate ages 11-17, residing at the Erie County Secure Youth Detention Center (ECSYD). Proposers interested in providing this service are invited to respond to this request.

It is the County's intent to select the Proposer(s) that provides the best solution for the County's needs.

The County reserves the right to amend this RFP, reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive any irregularities or informalities, if such action is deemed to be in the best interest of the County. The County reserves the right to request additional information from any Proposer, and to award negotiated contracts to one or more Proposers.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any firm.

The County will only contract with firms that do not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status or any other status protected by New York State and Federal laws.

#### II. FUNDING AND BUDGET

A total of \$435,000 is potentially available for the requested educational services in the 2017-18 school year (SY).

The award is subject to annual contract renewal, contingent upon the Proposer's successful performance of project objectives and the continued need and desire for such services as articulated by Erie County DSS. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose. All contract appropriations are subject to Legislative approval.

Future awards will be dependent on available funds and subject to the demonstrated fiscal and programmatic stability of the applicant agency, as well as their meeting all of the ECDSS requirements. More than one provider may be selected for funding the 2017-18 SY.

Note: By Executive Order from the NYS Governor and the Erie County Executive, administrative costs may not exceed 15% of the requested funds. Lower Administrative costs will be favored when rating proposals. Erie County seeks to move in the direction initiated by New York State to keep administrative costs at this level or below.

#### III. PROPOSAL TIMEFRAMES

The following schedule is for informational purpose only. The County reserves the right to amend this schedule at any time.

Issue RFP: January 31, 2017
Proposals Due: March 31, 2017
Selection Made: May 31, 2017

Contract Signed: Following all necessary County approvals.

#### IV. GENERAL REQUIREMENTS

- 1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation. Specific instructions for the proposal format and content are outlined in Appendix A.
- 2. One (1) original and five (5) copies of the Technical Proposal and Organizational Support and Experience sections shall be submitted. Proposals MUST be signed using the attached Schedule A: Proposer Certification. Unsigned proposals will be rejected.
- 3. All Proposers submitting proposals must include one (1) original and five (5) copies of the Budget/Cost Proposal packet, separate from the Technical Proposal and Organizational Support and Experience sections. All Appendix B budget attachments must be completed and included in the cost proposal.
- 4. Submission of the proposals shall be directed to:

Al Dirschberger, Ph. D - Commissioner of Social Services Erie County – Department of Social Services 95 Franklin St., Room 811 Buffalo, NY 14202

All proposals must be delivered to the above office on or before March 31, 2017 at 4:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.

- 5. Requests for clarification of this RFP must be written and submitted to Al Dirschberger, Ph. D at the above address no later than 4:00 pm on March 7, 2017. No communications of any kind will be binding against the county, except for the formal written responses to any request for clarification.
- 6. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those Proposers will be notified to arrange specific times.
- 7. No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

- 8. Information on the Standard Insurance Provisions required of agencies selected as a contractor of this service is included in this RFP. This document is for informational purposes only, and is not to be submitted by the Proposer for the purposes of this RFP.
- 9. All potential contract-holders with Erie County shall agree to comply with Executive Order 13 (2014), and the Agency shall make such records available, upon request, to the County's Division of Equal Employment Opportunity for review. All contract holders will be required to sign the Erie County Equal Pay Certification (attached). The County shall have the right, upon reasonable notice and at reasonable times, to inspect the books and records of the Agency, its offices and facilities, for the purpose of verifying information supplied in the Erie County Equal Pay Certification and for any other purpose reasonably related to confirming the Agency's compliance with Erie County Executive Order No. 13 (2014). Violation of the provisions of Executive Order 13 (2014), which is attached hereto and made a part hereto and made a part hereof, can constitute grounds for the immediate termination of a contract, and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.
- 10. Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) proposers should include the Erie County MBE/WBE Certification letter with their proposal.
- 11. Proposers who operate a Veteran-Owned Business should include the letter indicating their company is 51% or more veteran-owned with their proposal.
- 12. All proposers must disclose the name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal.
- 13. All proposers must provide a list of at least 2 references from community partners and collaborators or an individual with knowledge of and experience with the specific services being offered.
- 14. All proposers must provide a list of all prime contractors and subcontractors that their agency does business with related to the service in this RFP.

#### V. SCOPE OF PROFESSIONAL SERVICES REQUIRED

#### A. Introduction:

Federal and State laws mandate that all youth have access to a free public education. Public education is particularly important for those youth in the juvenile justice system, as it is seen as the cornerstone of rehabilitation, and may provide their only opportunity to gain the skills and knowledge needed to improve their future prospects.

#### **B.** Program Information:

**Target Population**: The target population for this RFP is youth, approximate ages 11-17, who reside in the Erie County Secure Youth Detention Facility at 810 East Ferry Street, Buffalo, NY 14211. At any given time there may be 0-50 youth in secure detention.

Alleged juvenile delinquents, under age 16, accused of criminal acts that would be crimes if committed at age 16 or older, and juvenile offenders, also under age 16, tried in the adult court system, are held at the Erie County Secure Youth Detention Center (ECSYD). Please note that there is a possibility of more 16-17 year olds being housed at ECSYD in the future.

This student population is transient and often consists of youth with a history of negative learning experiences and behavioral problems within the school system. Many have been diagnosed with learning disabilities and other challenges.

The length of time a youth resides in the ECSYD can vary from one day to fourteen months or longer. At present, the approximate average length of residency is 11 days.

**Project Description:** The successful proposer must provide the following services to the residents of ECSYD:

- A full school-year (based on the Buffalo Public School District calendar) academic curriculum and six-week summer school program in accordance with the requirements of New York State Education Law (Part 100). This curriculum must also satisfy all requirements of Title 9 NYCRR Part 180 of the Social Service Law of the State of New York.
- 2. Academic assessments for pre- and post- testing must assess, at a minimum, proficiency levels in reading, writing and mathematics. There may need to be assessments in other subject areas which shall be evaluated on an individual basis. The purpose of assessment is to determine students' academic strengths and weaknesses in order to provide targeted quality instruction, to set realistic academic goals and instructional objectives, and to track the gains and performance of students.
- 3. A plan for meeting the needs of non-English speaking youth.
- 4. A curriculum that will accommodate the fluidity of the youths' residency. The course structure must accommodate youth whose education has been interrupted in their own school district, and enable a smooth transition back into the home school district at the appropriate time.
- 5. Special Education Services as required by Federal and State law. Federal and State laws require IEPs for all students with disabilities. Current IEPs should be maintained for all eligible students, and each program's exceptional student education (ESE) process should follow all of the required district, state and federal guidelines for ESE programs. All residents that have IEP's must be accommodated with all services needed, i.e. speech, occupational therapy, physical therapy, etc.
- 6. All youth in ECSYD must receive services. Teachers must work and coordinate with ECSYD staff for each youth's behavior plan/schedule to ensure all youth receive appropriate services daily.

# NOTE: Behavioral management of youth receiving services is the responsibility of ECSYD staff.

- 7. Qualified, trained staff will include, at minimum, 5 full-time teachers to provide core instruction in Math, English, Social Studies, Science and Life Skills/Special Education.
- 8. An on-site administrator, at a minimum of 2 days/week, to provide supervision and oversight of the educational staff.
- 9. A plan for daily communication with Intake and Facility management regarding daily student population, classroom size, core schedule, etc. This may include a part-time clerical employee.
- 10. A plan outlining the services, schedules, tentative dates of the 6 week summer program to include, at minimum, a concentration on Math and English instruction.

# C. Projected Outcomes

It is understood, although a number of factors may relate to a defined outcome, ECSYD is requiring that indicators for identified goals be included in the design of service.

Performance Measures that will be used to capture information related to program success include:

- 1. Academic assessments conducted at placement and upon release will reveal that proficiency levels in reading, writing and mathematics will have, at minimum, been maintained throughout the course of detainment, with the goal of demonstrated improvement.
- 2. All students with an Individual Education Plan will have all conditions and requirements of that plan maintained and met while in detention.
- 3. Progress will be made toward each student's academic requirements for the current school year, including preparation for Regents exams and graduation requirements.

Performance on achieving the desired outcomes will be measured using a student progress assessment instrument that either currently exists, or must be developed by the successful proposer.

#### D. Agency Experience and Qualifications

The successful proposer must be able to meet and explain how they will meet the following requirements:

- 1. Qualified Trained Staff: The successful proposer must provide qualified education professionals possessing the necessary credentials required by state education law to teach the required subject matter. This includes professionals with accreditation in Special Education. Staff should be trained and experienced in effectively teaching and managing this unique population.
- 2. Facilities, tools, equipment and resources to carry out the tasks required. This includes textbooks, computer hardware/software, smart boards, and any other resources needed to fulfill curriculum requirements.
- 3. **Financial Stability:** The successful proposer must be able to provide quarterly financial statements and/or compensation reports.
- **4.** Cultural Sensitivity: The successful proposer must have a plan in place for training of staff in the area of cultural sensitivity. The successful proposer must also have a plan in place for communicating with students who do not speak English.
- **5. Experience:** The successful proposer must demonstrate experience in providing this or similar services, currently or in the past, to at risk youth. Names and contact information for representatives of other organizations for whom this type of service has been provided must be included.
- **6. Accountability and Transparency:** The successful proposer must agree to keep accurate records of all services rendered, and provide detailed invoices with regular reports as required by ECDSS. The successful proposer must be accessible and available to ECDSS staff via telephone, fax and email. The successful proposer must be willing to meet on a regular basis with ECDSS administration to discuss the needs of the youth being served, discuss data points, behaviors and other information that arises during the academic school day.
- 7. Orientation: All staff assigned to ECSYD must attend and follow a facility orientation and training.
- 8. Schedule: The successful proposer must provide educational instruction between the hours of 8:30 a.m. 2:30 p.m., and follow the Buffalo Public School District academic calendar. A sample schedule must be provided reflecting these requirements to include 5 full-time NYS certified teachers in the following core subjects: Math, English, Science, Social Studies and Life Skills/Special Education.
- **9. Collaboration:** The successful proposer will provide a plan for collaboration with other educational and youth development providers contracted at ECSYD to help ensure resident youth receive priority, exceptional educational service.

#### VI. STATEMENT OF RIGHTS

#### **UNDERSTANDINGS**

<u>Please take notice</u>, by submission of a proposal in response to this request for proposals, the Proposer agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County and is not a bid under Section 103 of the New York State General Municipal Law;
- submission of a proposal, attachments, and additional information shall not entitle the Proposer to enter into an agreement with the County for the required services;
- by submitting a proposal, the Proposer agrees and understands that the County is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Erie County Legislature and the Office of the Erie County Attorney.

In addition to the foregoing, by submitting a proposal, the Proposer also understands and agrees that the County reserves the right, and may at its sole discretion exercise, the following rights and options with respect to this Request for Proposals:

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals
- To waive any irregularities or informalities in proposals received after notification to Proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the Proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the Proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the Proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the Proposer;
- To modify dates;
- All proposals prepared in response to this RFP are at the sole expense of the Proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- While this is a RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a Proposer is a responsible vendor for the purpose of this RFP process;

• The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline

#### **EVALUATION**

The following criteria, not necessarily listed in order of importance, will be used to review the proposals. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate:

- The Proposer's demonstrated capability to provide the services.
- Evaluation of the professional qualifications, personal background and resume(s) of individuals involved in providing services.
- The Proposer's experience in performing the proposed services.
- The Proposer's financial ability to provide the services.
- Evaluation of the Proposer's fee submission. It should be noted that while price is not the only consideration, it is an important one.
- A determination that the Proposer has submitted a complete and responsive proposal as required by this RFP.
- An evaluation of the Proposer's projected approach and plans to meet the requirements of this RFP.
- The Proposer's presentation at and the overall results of any interview conducted with the Proposer.
- Proposers MUST sign the Proposal Certification attached hereto as Schedule "A". Unsigned proposals will be rejected.
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal.
- No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

#### **CONTRACT**

After selection of the successful Proposer, a formal written contract will be prepared by the County and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR IF NECESSARY THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

The award period will be for a one-year term, with the option to renew for three (3) additional one-year terms, subject to annual contract renewal, contingent upon the Proposer's successful implementation of the program, data collection, monitoring, goal attainment, and compliance with required reporting. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose.

#### INDEMNIFICATION AND INSURANCE

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

"In addition to, and not in limitation of the insurance requirements contained herein the Proposer agrees:

- (a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Proposer shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the acts or omissions hereunder by the Proposer or third parties under the direction or control of the Proposer; and
- (b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

Upon execution of any contract between the Proposer and the County, the Proposer will be required to provide proof of the applicable insurance coverage.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County Attorney.

#### INTELLECTUAL PROPERTY RIGHTS

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

All deliverables created under this Agreement by the Proposer are to be considered "works made for hire". If any of the deliverables do not qualify as "works made for hire", the Proposer hereby assigns to the County all right, title and interest (including ownership of copyright) in such deliverables and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Proposer agrees to assist the County, if required, in perfecting these rights. The Proposer shall provide the County with at least one copy of each deliverable.

The Proposer agrees to defend, indemnify, and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Proposer agrees to enable the County's continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable will be returned.

All records compiled by the Proposer in completing the work described in this Agreement, including but not limited to written reports, source codes, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Proposer may retain copies of such records for its own use.

NOTE: All contracts executed by the Erie County Department of Social Services will be posted electronically on the Department's website.

#### NON-COLLUSION

The Proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Erie, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

#### CONFLICT OF INTEREST

All Proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County. Further, all Proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its subsidiaries or affiliates.

There shall be no conflicts in existence during the term of any contract with the County. The existence of a conflict shall be grounds for termination of a contract.

#### **COMPLIANCE WITH LAWS**

By submitting a proposal, the Proposer represents and warrants that it is familiar with all federal, state and local laws and regulations and will conform to said laws and regulations. The preparation of proposals, selection of Proposers and the award of contracts are subject to provisions of all Federal, State and County laws, rules and regulations.

#### CONTENTS OF PROPOSAL

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84 et seq., mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the Proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

a) insert the following notice in the front of its proposal:

#### "NOTICE

The data on pages \_\_\_ of this proposal identified by an asterisk (\*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the Proposer's competitive position.

The Proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this Proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law."

#### and

b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page "\* THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW."

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

#### EFFECTIVE PERIOD OF PROPOSALS

All proposals must state the period for which the proposal shall remain in effect (i.e. how much time does the County have to accept or reject the proposal under the terms proposed). Such period shall not be less than one hundred eighty (180) days from the proposal date.

# PROPOSAL CONTENT

In order for Proposers to be considered for an award, the terms, conditions and instructions contained in this RFP and attachments must be met. Any proposals which do not meet these criteria may be considered non-responsive. Your proposal should include 2 sections (A & B) and should be submitted in separate envelopes.

### **APPENDIX A: TECHNICAL AND ORGANIZATION**

<u>Technical Proposal:</u> This section shall describe the approach and plans for accomplishing the work outlined in the Scope of The Service section. All proposals must be **limited to fifteen pages**.

- 1. RFP Coversheet
- 2. Clearly define how the mission of your agency encourages the delivery of the proposed services.
- 3. Describe your agency's organizational capacity to maintain a successful operation that is consistent with the outcomes of this RFP.
- 4. Clearly identify the staff associated with the project: job titles, number of staff in each title, education, training, and experience requirements for each position title. Specify their role in providing the services and supervision protocols.
- 5. Describe your agency's ability to implement and staff the program in a timely manner, including provision of services, effective September 1, 2017.
- 6. Provide an overview of the service delivery plan, including but not limited to:
  - target population and geographic areas to be served
  - specialized services and resources
  - plans to meet the needs outlined in the RFP
  - days and hours of service availability
  - time frames for intake and engagement
  - termination protocols
  - capacity for service
  - accommodation of those with special needs, including language translation and cultural differences
- 7. Describe your proposed approach to program evaluation and reporting to ECDSS. Clearly define how this project will meet the performance targets associated with this RFP, including follow-up, as well as how you will monitor compliance, outcome based performance and implement a plan for quality improvement. Specify how poor performance will be addressed when requested by ECDSS or when the outcomes of the program fail to be achieved.
- 8. Describe how your agency monitors and verifies the accuracy and sufficiency of its billing system to assure all claims made are proper and that adjustment is sought when issues are identified.
- 9. Provide any other information that you feel would distinguish your organization's approach to the delivery of the requested services, including any prior experiences and successes.
- 10. Include the signed **Schedule A Proposer Certification**.
- 11. Include the signed Erie County Equal Pay Certification form.
- 12. Include the completed Agency Personnel Demographic Survey Form.

<u>Organizational Support and Experience:</u> This section shall contain all pertinent information relating to your organization, personnel and experience that would substantiate your qualifications and capabilities to perform the services required by the scope of the RFP.

1. A brief history and description of your organization. Provide a copy of your organization's most recent organizational chart and a letter of support signed by the CEO and the Board President.

- 2. Give the name and title of person(s) authorized to bind the Proposer, e-mail address, the main office address, and the telephone number (including area code).
- 3. Provide resumes for all program staff, including administrators, program supervisors, direct service staff and aides.
- 4. If applicable, period of time your organization has been providing services/ programs in the County community.
- 5. Provide references or letters of testimony from other agencies for whom you have provided this or a similar service, with contact information.
- 6. Provide any additional information that would distinguish your organization in its service to Erie County.

#### APPENDIX B: BUDGET/COST PROPOSAL

This section shall contain all information related to the project costs. All Proposers must use forms provided and submit in a separate envelope.

- 1. All Budget forms in this RFP.
  - a. The amount of funding requested from ECDSS for this proposed service.
  - b. The proposed number of service units. For this service, the billable unit of service is defined as hourly unit of service cost.
  - c. A clear distinction of administrative costs from direct service program costs. Include a description of inkind goods or services dedicated to the goals and deliverables.<sup>1</sup>

| 2. | A sing | le copy of the most current information, as noted below. <i>Note: these materials cannot be returned</i> . |
|----|--------|--|
|    |        | Most recent Audit report prepared by an independent CPA, including agency management letter                |
|    |        | Listing of Officers and Board of Directors   |
|    |        | Evidence of current IRS determination as a 501(c)(3) organization, if applicable                           |
|    |        |  |

<sup>&</sup>lt;sup>1</sup> Administrative overhead may not exceed 15% of the total annual budget. Agencies that offer administrative overhead at a lower rate will have their proposals scored accordingly based on the criteria used above for awarding these contracts.

# ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES RFP COVERSHEET RFP #1702VF: EDUCATIONAL SERVICES AT SECURE DETENTION

| Name of Organization:  |   |
|--|---|
| Organizational Mailing Address:  |   |
| Executive Director:  |   |
| Executive Director's Phone Number:   |   |
| Executive Director's Email:  |   |
| Agency Contact Person:   |   |
| Contact Person's Phone Number:   |   |
| Contact Person's Email:  |   |
| Agency Website:  |   |
| Federal Employer ID# (FEIN):   |   |
| Is agency debarred/suspended from receiving funds/doing business with the Federal government?  |   |
| Please provide DUNS #, if available:   |   |
| Is agency a non-profit or unit of government?  |   |
| If non-profit, please provide 501(c)(3) not-for-profit entity ID # and date established as such:   |   |
| If non-profit, please provide roster of agency's volunteer board:  | Please provide attachment   |
| Copy of agency's most recent annual audit:   | Please provide attachment   |
| Is agency a Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE)?   | Please provide the Erie County MBE/WBE<br>Certification letter as attachment                  |
| Is agency a Veteran-Owned Business?  | Please provide the letter indicating their company is 51% or more veteran-owned as attachment |
| Name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal: |   |
| List of all subcontractors that your agency does business with related to this service: Please provide attachment if more space needed                       |   |

# **AGENCY PERSONNEL DEMOGRAPHIC SURVEY FORM – RFP 1702VF**

**INSTRUCTIONS:** Please complete this form and return it with your RFP submission. Erie County is mandated by state and local regulation to collect this information to ensure fair hiring practices. An agency's diversity is a factor that is considered in the RFP review process.

| ADDRESS: Title: COMPLETING: Name: Title:  How many people work for your agency ? |               |
|--|---------------|
|  |               |
| How many people work for your agency ?   |               |
| LEASE BREAK DOWN YOUR ANSWER BY DEMOGRAPHIC GROUP:                               |               |
| DEMOGRAPHIC  GROUP  NUMBER of STAFF  in Demographic Group                        |               |
| White  |               |
| African-American   |               |
| Hispanic   |               |
| Asian-American   |               |
| Native American  |               |
| Race- OTHER  |               |
| Race- UNKNOWN  |               |
| TOTAL: (S  | Sum of above) |

#### **SCHEDULE "A"**

#### PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie (the "County") and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County for the required services. The undersigned agrees and understands that the County is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County, its directors, officers, employees or agents unless an agreement is signed by a duly authorized County officer and, if necessary, approved by the Erie County Legislature, the Office of the County Attorney and/or the Erie County Fiscal Stability Authority.

It is understood and agreed that the County reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County reserves all rights specified in the Request for Proposals (RFP).

It is understood and agreed that the undersigned, prior to entering into an agreement with Erie County, will properly execute the County of Erie Standard Insurance Certificate (example on pp. [] of this RFP), and that it will be complete and acceptable to Erie County.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

|          | Proposer Agency Name |  |
|----------|----------------------|--|
|          |                      |  |
| By:      |                      |  |
| <u> </u> | Name and Title       |  |

# (For Informational Purposes Only)

# **Erie County Equal Pay Certification**

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). The average compensation for female employees is not consistently below the average compensation for male employees, taking into account mitigating factors. We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

| Sig   | gnature   |  |
|---|---|--|
|   |   | Verification   |
| STATE OF  | )<br>) SS:  |  |
| COUNTY OF                                       | ) SS:   |  |
| A)  |   |  |
|   |   | , being duly sworn, states he or she is the owner of (or             |
| a partner in)                                   |   | , and is making the foregoing Certification                          |
|   |   |  |
| and that the state                              | nents and representat                                   | ions made in the Certification are true to his or her own knowledge. |
| B)  |   | , being duly sworn, states that he or she is the Name of             |
| B) Corporate                                    | Officer   | , being duly sworn, states that he or she is the Name or             |
| B) Corporate making the foregostatements and re | Officer  oing Certification, that presentations made in | , being duly sworn, states that he or she is the Name or             |

LAW-1-INS (Rev. 3/12)



County of Erie Standard Insurance Certificate THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PRODUCER PHONE (A/C No. Ext) EMAIL ADDRESS PRODUCER CUSTOMER ID#: INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A: INSURER B INSURER C INSURER D INSURER E INSURER F: CERTIFICATE NUMBER REVISION NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER INSR WVD GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS COMP/OP AGG POLICY DECT COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS 5 NON-OWNED AUTOS UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE DEDUCTIBLE RETENTION \$ DO NOT USE FOR WORKER'S COMP. WC STATU TORYLIMITS. WORKERS COMPENSATION WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICE/MEMBER EXCLUDED?
(Mandatory in NH) E.L. EACH ACCIDENT FORM C-105., U-26.3, \$1-12 N/A E.L. DISEASE - EA EMPLOYEE \$ OR CE-200 REQUIRED If yes describe under DESCRIPTION OF OPERATIONS below E.L.DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION County of Erie SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 95 Franklin St ACCORDANCE WITH THE POLICY PROVISIONS. Buffalo NY, 14202 AUTHORIZED REPRESENTATIVE

X. FOR COUNTY USE ONLY:

Name of County Dept. Requesting Certificate

Purchase Order or Contact Number

Vendor Insurance Classification

RETURN TO: ECDSS SHARON SULLIVAN

95 Franklin St. ROOM 746

Buffalo, NY 14202

#### INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE

- I. Insurance shall be procured and certificates delivered before commencement of work or delivery or merchandise or equipment.
- II. CERTIFICATES OF INSURANCE
  - A. Shall be made to the "County of Erie, 95 Franklin St, Buffalo NY, 14202."
  - B. Coverage must comply with all specifications of the contract.
  - C. Must be executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.
- III. Forward the completed certificate to: County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.
- IV. Minimum coverage with limits are as follows:

|  | Α                                   | В   | С                                   | D  | E                                   | F                                   | G  |
|--|-------------------------------------|---|-------------------------------------|--|-------------------------------------|-------------------------------------|--|
| Vendor<br>Classification               | Construction<br>and<br>Maintenance  | Purchase or Lease<br>of Merchandise or<br>Equipment | Professional<br>Services            | Property Leased<br>To Others Or Use<br>Of Facilities | Concession-<br>Aires<br>Services    | Livery<br>Services                  | All Purposes<br>Public<br>Entity Contracts |
| 9                                      | ivianiteriance                      | Equipment   |                                     | Or Grounds   | Services                            | 27                                  | Linky Contracts                            |
| Commercial Gen. Liab.                  | \$1,000,000 per occ.                | \$1,000,000 CSL                                     | \$1,000,000 CSL                     | \$1,000,000  | \$1,000,000 CSL                     | \$1,000,000                         | \$1,000,000 CSL                            |
| General Aggregate                      | \$2,000,000                         |   |                                     |  |                                     |                                     |  |
| Products Comp. Ops.                    | \$2,000,000                         |   |                                     |  |                                     |                                     |  |
| Blanket Broad Form                     |                                     |   | INCLUDE                             | INCLUDE  | INCLUDE                             | INCLUDE                             | INCLUDE                                    |
| Contractual Liability                  | Not Excluded or Limited             |   |                                     |  |                                     |                                     |  |
| Broad Form P.D.                        | Not Excluded of Elithited           |   |                                     |  |                                     |                                     |  |
| X.C.U.                                 |                                     |   |                                     |  |                                     |                                     |  |
|  |                                     |   |                                     |  |                                     |                                     |  |
| Liquor Law                             |                                     |   |                                     | INCLUDE  |                                     |                                     |  |
| Auto Liab.                             | \$1,000,000 CSL                     |   | \$1,000,000 CSL                     | \$1,000,000 CSL                                      | \$1,000,000 CSL                     | \$1,000,000 CSL                     | \$1,000,000 CSL                            |
| Owned                                  | INCLUDE                             |   | INCLUDE                             | INCLUDE  | INCLUDE                             | INCLUDE                             | INCLUDE                                    |
| Hired                                  | INCLUDE                             |   | INCLUDE                             | INCLUDE  | INCLUDE                             | INCLUDE                             | INCLUDE                                    |
| Non-Owned                              | INCLUDE                             |   | INCLUDE                             | INCLUDE  | INCLUDE                             | INCLUDE                             | INCLUDE                                    |
| Excess/Umbrella Liab.                  | \$5,000,000                         | \$1,000,000   | \$1,000,000                         | \$1,000,000  | \$1,000,000                         | \$5,000,000                         | \$1,000,000                                |
| Worker's Compensation                  | STATUTORY                           | STATUTORY   | STATUTORY                           | STATUTORY  | STATUTORY                           | STATUTORY                           | STATUTORY                                  |
| & Employer's Liability                 |                                     |   |                                     |  |                                     |                                     |  |
| Disability Benefits                    | STATUTORY                           | STATUTORY   | STATUTORY                           | STATUTORY  | STATUTORY                           | STATUTORY                           | STATUTORY                                  |
| Professional Liability                 |                                     |   | \$5,000,000                         |  |                                     |                                     |  |
| Erie County To Be<br>Named Add'l Insd. | Gen. Liab., Auto<br>Liab., & Excess | Broad Form<br>Vendors May<br>Be Required            | Gen. Liab., Auto<br>Liab., & Excess | Gen. Liab., Auto<br>Liab., & Excess                  | Gen. Liab., Auto<br>Liab., & Excess | Gen. Liab., Auto<br>Liab., & Excess | Gen. Liab., Auto<br>Liab., & Excess        |

- V. Construction contracts require excess Umbrella Liability limits of \$5,000,000.
- VI Coverage must be provided on a primary-non contributory bases.
- VII. Designated Construction Project General Aggregate Limit Per Location Endorsement CG 25 03 is Required.
- VIII. In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is
- IX. Transportation of people in buses, vans or station wagons requires \$5,000,000 excess liability.
- X Workers Compensation: State Workers' Compensation Board form DB-155 is required for proof of compliance with the New York State Disability Benefits Law.

Locations of operation shall be "All locations in Erie County, New York."

For those entities who request permits, licenses, or contracts are required to provide either an Affidavit of Exemption (BP-1) or Certificate of Insurance 105.2, Certificate of Self Insurance SI-12, DB-155, or a Certificate of Attestation CE-200 to evidence exemption of coverage by statute. It will be necessary to require alternate coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternative specifications should be evidenced on the certificate in lieu of the standards printed above.

XI. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

# ERIE COUNTY, NEW YORK 2017 SOCIAL SERVICES FUNDING APPLICATION APPENDIX B – FISCAL

# FOR RFP #: 1702VF

| I. <u>C</u>   | SENERAL INFORMATION                                       |              |                       |
|---------------|---|--------------|-----------------------|
| a)            | Legal Name of Organization                                |              |                       |
| b)            | Other Name (if used)                                      |              |                       |
| c)            | Address of Organization                                   |              |                       |
|               |   | Street       |                       |
|               |   | City/State/Z | Zip                   |
| d)            | Contact Person  |              |                       |
|               |   | Name/Title   |                       |
|               | Address   | Street       |                       |
|               |   | City/State/Z | Zip                   |
|               | Phone Number  |              |                       |
| <del></del>   | EINANCIAL INFORMATION                                     |              |                       |
| II.           | FINANCIAL INFORMATION  Payer Name of Organization         |              |                       |
| a)            | Payee Name of Organization (if different than Legal Name) |              |                       |
| b)            | Financial Contact Person                                  |              |                       |
|               | Address   |              | Name/Title            |
|               | Address   |              | Street                |
|               |   |              | City/State/Zip        |
| c)            | Organization's Fiscal Year                                |              | Start date - End date |
| d)            | Federal Employee Identification                           | an Number    | Start date - End date |
| e)            | Not-For-Profit Number                                     | ni Number    |                       |
| f)            | Amount of Funding Request to                              | n ECDSS      |                       |
| ')            | for this proposed contract                                | 7 20000      | \$                    |
| g)            | FY of Request   |              |                       |
| _             |   |              | Start date - End date |
| III. <u>I</u> | UNIT COST   |              |                       |
| a)            | Unit of Service for this proposa                          |              |                       |
| b)            | Cost per unit of service for this                         | proposal:    |                       |

# APPENDIX B - FISCAL

| IV. | SUPPLEMENTARY | <b>APPLICATION</b> | INFORMATION |
|-----|---------------|--------------------|-------------|
|-----|---------------|--------------------|-------------|

NAME/TITLE

|    | Provide a separate envelope or folder which includes one copy of the most current information as noted below. These materials cannot be returned.  |
|----|--|
|    | _X_ Most recent Audit report prepared by an independent CPA  |
|    | _X_ Listing of Officers and Board of Directors   |
|    | _X_ Most recent Management Letter  |
|    |  |
| ٧. | CERTIFICATION  |
|    | The undersigned certifies that he or she is a principal officer of the applicant organization and has knowledge of,  |
|    | and certifies that the information contained herein is complete and accurate.  |
|    | Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage. |
|    | SIGNATURE DATE   |

# Appendix B - Fiscal Calculations

| AGENCY:         |  |
|-----------------|--|
| FUNDING PERIOD: |  |
| -               |  |
| RFP # and NAME: |  |

The Fiscal Calculation pages request information in the following tables:

- 1) Summary Funding Request To be completed from information provided in tables 2-7.
- 2) Direct Program Operating Expense
- 3) Administrative Overhead
- 4) Revenue
- 5) Rate Calculation (If applicable)
- 6) Detailed Direct Program Staffing Expense
- 7) Detailed Administrative Staffing Expense

The budget is an accounting of cash expenditures only. It must not include any in-kind contributions or donations, or the cash value thereof; however, cash donations must be included in this cash expenditure budget.

Budget and financial information will be utilized to evaluate the cost effectiveness of your RFP and for comparison to other agency responses. Please note that final awarded contracts may request more detailed information.

This form as an Excel file is available upon request in the DSS Fiscal Management Office to Necole Ervin at 858-6099, or via e-mail at necole.ervin@erie.gov.

#### 1) SUMMARY FUNDING REQUEST (Derived from the detailed information in tables 2-7.)

Indicate in the columns below a summary of the total program budget requested for this RFP. Comparative prior year funding information should be included if the agency is requesting a continuation of a program previously funded by the Department of Social Services.

| PROGRAM COST                            | Current Contract | Proposed Budget |
|---|------------------|-----------------|
| Total Direct Salary and Fringe Benefits |                  |                 |
| Total Direct Operating Expense          |                  |                 |
| Total Administrative Overhead           |                  |                 |
| TOTAL PROGRAM COSTS                     |                  |                 |
| REVENUE                                 | Current Contract | Proposed Budget |
| County Funding                          |                  |                 |
| In-kind Donations                       |                  |                 |
| Donated Funds                           |                  |                 |
| Other Revenue                           |                  |                 |
| Other Revenue                           |                  |                 |
| TOTAL REVENUE                           |                  |                 |
| NET (Revenue minus Expense)             |                  |                 |

# 2) DIRECT PROGRAM RELATED EXPENSE

Indicate all expense items related to the direct provision of client services, **cash expenditures only**. It must not include any in kind contributions or donations, or the cash value thereof; however, cash donations must be included in this cash expenditure budget.

| DIRECT PROGRAM EXPENSE                                  | Current Contract | Proposed Budget |
|---|------------------|-----------------|
| Direct Program Staffing (Staffing Table 6)              |                  |                 |
| Salaries, Wages   |                  |                 |
| Total Fringe Benefits                                   |                  |                 |
| Subtotal Salary and Fringe Benefits                     |                  |                 |
| Direct Operating Expense                                |                  |                 |
| Employee travel/mileage                                 |                  |                 |
| Employee Training                                       |                  |                 |
| Maintenance and repairs                                 |                  |                 |
| General program related supplies                        |                  |                 |
| Maintenance and repairs                                 |                  |                 |
| Phones  |                  |                 |
| Utilities   |                  |                 |
| Equipment: (List items)                                 |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Contracted Client Services: (List contracts)            |                  |                 |
| , ,   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Contracted Services Not Client Related (List contracts) |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Other:  |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Subtotal Direct Operating Expense                       |                  |                 |
| TOTAL DIRECT PROGRAM COSTS                              |                  |                 |

# 3) ADMINISTRATIVE OVERHEAD

Administrative Overhead cannot exceed 15% of the total Direct Service Program Budget. Detail cash expenditures only.

| A desired and the Occasion of                           | 0                | Province d Product |
|---|------------------|--------------------|
| Administrative Overhead                                 | Current Contract | Proposed Budget    |
| Staffing  |                  |                    |
| Salaries, Wages   |                  |                    |
| Total Fringe Benefits                                   |                  |                    |
| Subtotal Administrative Salary and Fringe Benefits      |                  |                    |
| Administrative Operating Expense                        |                  |                    |
| Employee travel/mileage                                 |                  |                    |
| Employee Training                                       |                  |                    |
| Maintenance and repairs                                 |                  |                    |
| General program related supplies                        |                  |                    |
| Phones  |                  |                    |
| Utilities   |                  |                    |
| Equipment (List items)                                  |                  |                    |
|   |                  |                    |
|   |                  |                    |
|   |                  |                    |
| Contracted Services Not Client related (List contracts) |                  |                    |
| ,   |                  |                    |
|   |                  |                    |
|   |                  |                    |
| Other:  |                  |                    |
|   |                  |                    |
|   |                  |                    |
|   |                  |                    |
| Subtotal Administrative Operating Expense               |                  |                    |
| Total Administrative Overhead                           |                  |                    |
| Total Direct Program Costs                              |                  |                    |
| Administrative Expense as Percent of Program Cost       |                  |                    |

# 4) REVENUE

Detail below all revenue sources directly related to the total proposed program.

| Revenue   | Current Contract | Proposed Budget |
|---|------------------|-----------------|
| Total Funds Requested from the County                                 |                  |                 |
| In-kind Donations (List in-kind donations specific to this proposal:) |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Total In-Kind:  |                  |                 |
| Cash Donated Funds -(Indicate Source):                                |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Total Cash Donated Funds:   |                  |                 |
| Other Funding Source:   |                  |                 |
|   |                  |                 |
|   |                  |                 |
| Total Other Sources:  |                  |                 |
| Total Revenue   |                  |                 |

# 5) RATE CALCULATION (If applicable)

Detail below all revenue sources directly related to the total program expense.

|    | Rate Calculation   | Current Contract | Proposed Budget |
|----|--|------------------|-----------------|
| A. | Total Program Cash Expenditures<br>(Direct plus Admin. Overhead)   |                  |                 |
| В. | Flex Funds (Applies to traditional and specialized preventive services and may not apply for all contracts.) |                  |                 |
| C. | Cash Donated Funds   |                  |                 |
| D. | Amount payable through this proposal (A+B-C)   |                  |                 |
| E. | In-kind Donations  |                  |                 |
| F  | Total Donated, Cash and In-kind (C+E)  |                  |                 |
| G. | Number of Proposed Units of Service  |                  |                 |
| H. | Hourly Unit of Service Cost ((D-B)/G   |                  |                 |

#### 6) STAFFING REVIEW - PROGRAM RELATED

In the following columns list all proposed direct program related staff. Indicate full or part time employees. Comparative prior year staffing levels should be included if the agency is requesting a continuation of a program previously funded by the Department of Social Services.

|   | Current Contract |                |                        | Proposal     |                 |                        |
|---|------------------|----------------|------------------------|--------------|-----------------|------------------------|
| Direct Program Related Staffing             | % of<br>Time     | Current Salary | Current Period<br>Cost | % of<br>Time | Proposed Salary | Total Proposed<br>Cost |
| Full Time Position Title:                   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
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|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
| Part Time Position Title:                   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
| Total Salary:                               |                  |                |                        |              |                 |                        |
| Total Fringe Benefit Cost:                  |                  |                |                        |              |                 |                        |
| Fringe Benefits as percent of total salary: |                  |                |                        |              |                 |                        |

Attach a separate worksheet showing details for all fringe benefit categories only if the fringe benefit totals exceed 35% of total salary. Detail fringe benefit information will be required in final contract documents.

# 7) STAFFING REVIEW - Administrative

In the following columns list all administrative staff. Indicate full or part time employees. Include all Full and Part-Time Executive, Administrative Support and Clerical Staff who do not provide Direct Client Service and Service Supervision. Comparative prior year staffing levels should be included if the agency is requesting a continuation of a program previously funded by the Department of Social Services.

|   | Current Contract |                |                        | Proposal     |                 |                        |
|---|------------------|----------------|------------------------|--------------|-----------------|------------------------|
| Administrative Staff                        | % of<br>Time     | Current Salary | Current Period<br>Cost | % of<br>Time | Proposed Salary | Total Proposed<br>Cost |
| Full Time Position Title:                   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
| Part Time Position Title:                   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
|   |                  |                |                        |              |                 |                        |
| Total Salary:                               |                  |                |                        |              |                 |                        |
| Total Fringe Benefit Cost:                  |                  |                |                        |              |                 |                        |
| Fringe Benefits as percent of total salary: |                  |                |                        |              |                 |                        |

Attach a separate worksheet showing details for all fringe benefit categories only if the fringe benefit totals exceed 35% of total salary. Detail fringe benefit information will be required in final contract documents.